

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002905

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. _____

Registrar's No. 4

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Platte

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Platte City

Length of stay in 1b

40 Years

c. CITY

OR
TOWN

Platte City

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Home

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Lillian

Middle

B.

Last

Wilson

4. DATE
OF DEATH

Month

Day

Year

February 2, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-7-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Loveland, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William H. Marshall

13b. MOTHER'S MAIDEN NAME

Hattie Blankenship

14. NAME OF HUSBAND OR WIFE

Jay B. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Jay B. Wilson Platte City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Adenocarcinoma pulmonary gland

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

to

2-2-62

and last saw her alive on

2-2-62

Death occurred at

8

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. W. Blankenship, M.D.

22b. ADDRESS

612 E. 1st St. Mo.

22c. DATE SIGNED

(State)

2/3/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2-4-1963

23c. NAME OF CEMETERY OR CREMATORY

Ridgley Cemetery

23d. LOCATION (City, town, or county)

Ridgley, Missouri

24. FUNERAL DIRECTOR

ADDRESS Missouri

25. DATE REC'D. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Tommy R. Rollins Platte City, 2.4.1963

Ophelia Rollins

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0830

2 0830

3

4 1

5 1

6

7 1

8 2

9 142.7

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawrence R. Polk

Licensed Embalmer No. 35110

P. O. Address

Platts City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.